

EXHIBIT 27

Andrea Kretsch
5/29/2019

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UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

CIV. NO. 18-2301 (JRT/KMM)

David W. Lynas, as Trustee for the
next-of-kin of James C. Lynas,

Plaintiff,

vs.

Linda S. Stang, et al.,

Defendants.

VIDEO DEPOSITION TRANSCRIPT OF

ANDREA KRETSCH

May 29, 2019

at

Caribou Coffee, St. Cloud West
4135 West Division Street
St. Cloud, MN 56301

Reporter: Jane T. Doby
Registered Merit Reporter
Doby Professional Reporting, Inc.
DobyReporting.com
952.943.1587

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<p style="text-align: right;">2</p> <p>1 APPEARANCES: 2 On Behalf of Plaintiff David W. Lynas: 3 Robert Bennett, Attorney at Law 4 rbennett@gaskinsbennett.com 5 Kathryn H. Bennett, Attorney at Law 6 kbennett@gaskinsbennett.com 7 GASKINS, BENNETT & BIRRELL, LLP 8 333 South Seventh Street 9 Suite 3000 10 Minneapolis, MN 55402 11 12 On Behalf of the Sherburne County Defendants: 13 Jason M. Hiveley, Attorney at Law 14 jasonh@irc-law.com 15 IVERSON REUVERS CONDON 16 9321 Ensign Avenue South 17 Bloomington, MN 55438 18 19 On Behalf of MEnD Defendants: 20 Carolin J. Nearing, Attorney at Law 21 cnearing@larsenking.com 22 LARSON KING, LLP 23 30 East Seventh Street 24 Suite 2800 25 St. Paul, MN 55101 26 27 Also Present: Jayme Hogan, Envision Video 28 29 NOTE: Pursuant to Minnesota Rule of Civil Procedure 30 30.06, the original transcript will be 31 delivered to Gaskins, Bennett & Birrell, 32 LLP, the noticing party. 33 34 NOTE: Exhibit Nos. 21 through 26 were marked 35 for identification.</p>	<p style="text-align: right;">4</p> <p>1 THE WITNESS: I do. 2 ANDREA KRETSCHE, 3 called as a witness, being first duly sworn, was 4 examined and testified as follows: 5 *** 6 EXAMINATION 7 BY MS. BENNETT: 8 Q Ms. Kretsch, where do you currently live? 9 A Big Lake, Minnesota. 10 Q Where did you grow up? 11 A Sauk Centre. 12 Q Did you go to high school at Sauk Centre? 13 A I did. 14 Q When did you graduate? 15 A In 2002. 16 Q Did you receive any post-high school 17 education? 18 A I got my associate's degree in nursing at 19 Rasmussen College here, across the road. 20 Q And when did you graduate? 21 A In 2016. And I took my boards in January 22 of 2017. 23 Q And you received your RN license, then, in 24 January of 2017? 25 A Correct.</p>
<p style="text-align: right;">3</p> <p>1 PROCEEDINGS 2 (The video deposition of ANDREA KRETSCHE was 3 commenced at 1:50 p.m. as follows:) 4 ANDREA KRETSCHE, 5 called as a witness, being first duly sworn, was 6 examined and testified as follows: 7 *** 8 VIDEOGRAPHER: This is the video deposition 9 of Andrea Kretsch. 10 Today's date is May 29th, 2019. The time 11 is approximately 1:50 p.m. 12 Would each attorney please state their name 13 for the record. 14 MS. BENNETT: Kathryn Bennett, for the 15 plaintiff. 16 MR. BENNETT: Robert Bennett, on behalf of 17 the plaintiff as well. 18 MS. NEARING: Carrie Nearing, on behalf of 19 the MEnD Defendants. 20 MR. HIVELEY: Jason Hiveley, for the 21 Sherburne County Defendants. 22 VIDEOGRAPHER: Thank you. 23 Would the court reporter please administer 24 the oath. 25 (Oath administered.)</p>	<p style="text-align: right;">5</p> <p>1 Q Have you ever had any restrictions on your 2 license? 3 A Zero. None. 4 Q Have you been involved in any disciplinary 5 hearings? 6 A Zero. None. 7 Q Throughout your education, did you receive 8 any training or -- in a jail setting? 9 A We had clinicals. We had clinicals at 10 various different places. Kind of a wide range of, 11 you know, different -- there's all sorts of different 12 places you can work as a nurse. So I did do -- I was 13 two days at Shakopee women's prison. 14 Q And nothing beyond that in the jail 15 setting? 16 A Correct. 17 Q Did you have any education or training in 18 detoxification? 19 A I guess not with school, particularly. But 20 training with MEnD. They're fantastic with training. 21 Q Can you describe that training? 22 A I'm sorry? 23 Q Can you describe that training? 24 A Yeah. When you first start working there, 25 you, I guess, quote/unquote, you follow somebody.</p>

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<p style="text-align: right;">6</p> <p>1 You see, you know, how the policies, protocols, how 2 everything is carried out. 3 You are also given all of the written 4 policies and protocols to refer back to. 5 As far as length of training, that can be 6 however long the nurses feel uncomfortable. If you 7 feel like you need more training, they're fantastic 8 with -- with making sure that you're feeling 9 comfortable. Always okay to ask questions; always 10 okay to get help. 11 Q And can you describe the detoxification 12 protocol? 13 A Yeah. You -- when we get people that are 14 booked in, they get a packet that the patients 15 themselves fill out. Which would be like their 16 tuberculosis screening, diet, allergies. Things like 17 that. 18 And then the bookers will go through and do 19 all of their medical and mental health screening 20 questions. 21 If they do report any previous drug use or 22 current drug use, that's where we would get a urine 23 sample. 24 And the questioning with that would be, you 25 know, if there's any withdrawal symptoms; if there's</p>	<p style="text-align: right;">8</p> <p>1 A Correct. 2 Q And what did you do between 2002 and 2016? 3 A Well, I waitressed for a while. I worked 4 at several different restaurants. 5 And then I worked at Luther Honda, 6 St. Cloud. In 2011, I believe, I started there. 7 Two -- through 2014. 8 And then from '14 to '16, I was in school. 9 Q And so all of your training regarding 10 detoxification withdrawal came through MEnD? 11 A Uh-huh. 12 Q And what about -- 13 MR. BENNETT: Is that a yes? 14 A Yes. I'm sorry, yes. 15 BY MS. BENNETT: 16 Q It makes her life easier. 17 A Yes. I'm sorry. Yes. 18 Q Can you describe if you've had any training 19 in mental health? 20 A There, again, with MEnD training, 21 they're -- you know, unfortunately, our clientele, 22 our patient population that we see, we have a 23 tremendous amount of mental health patients. So 24 there again, training. If we have questions, there's 25 always a psychologist that's there.</p>
<p style="text-align: right;">7</p> <p>1 seizure history; if they're currently having any 2 symptoms now. 3 We get their vitals, and just check and see 4 how stable they are. And check their urine to see 5 what is in it. 6 Q And if they are presenting with drug use 7 and then withdrawals, what's the protocol? 8 A It depends on what -- what substance they 9 are positive for. 10 Things like, you know, opiate use, alcohol, 11 those are big ones that we can do, like, an Ativan 12 taper just to help them ease out. Because, 13 obviously, that can be pretty hard on your -- on your 14 physical health. 15 We keep them -- if we are concerned about 16 them, we put them on a 15-minute watch. So they 17 would be checked on every 15 minutes. They certainly 18 can, at any point, request to see any of the health 19 staff. 20 They are also seen in the clinic by a nurse 21 every single day, at least once, if not more, if we 22 need to, and assess from there. Everyone is 23 different with what they need. 24 Q And that's for individuals who are on a 25 withdrawal protocol?</p>	<p style="text-align: right;">9</p> <p>1 Q The psychologist is at the jail? 2 A Uh-huh. Correct. 3 Q Each day? 4 A Yes. Monday through Friday. Not -- not on 5 the weekends. 6 Q In November of 2017, who was that 7 psychologist? 8 A That would have been Michael Robertson. 9 Q Throughout your education, did you have any 10 experience in giving suicide risk assessments? 11 A Throughout my experience at MEnD? 12 Q In your education. 13 A No. Nope. 14 Q So I take it you had some experience with 15 suicide risk assessments through MEnD? 16 A Through MEnD. Yes. 17 Q Was that only through MEnD that you were 18 exposed to those? 19 A Correct. 20 Q And were you trained in those? 21 A Correct. 22 Q Can you describe the training? 23 A Yep. The policies there, any time we do 24 any sort of watch, whether it be mental health or a 25 chemical watch, we always do a suicide risk</p>

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<p style="text-align: right;">10</p> <p>1 screening. Or if they request to see a mental health 2 provider, we do a suicide risk screening form. 3 Go through, you know, ask questions 4 regarding their history. Or -- and current. Do you 5 have any history of suicidal thoughts, attempts. Any 6 current -- you know, do you have a plan. Do you have 7 a method. Do you have a time. Those are all 8 questions. 9 Ask about chemical use. Ask about their 10 support system on the outside. Check their 11 orientation. See if they're oriented; capable to 12 answer the questions. 13 Q Are you also taking your own 14 observations -- 15 A Absolutely. 16 Q -- of the patient? 17 A Absolutely. That's a huge part of it. 18 Q And I think you said this, but just to be 19 clear. You do suicide risk screening forms at the 20 jail for both mental health watch and chemical? 21 A Yep. As well as when we do a health 22 assessment for every single patient. We do health 23 assessments, and those also get a suicide risk 24 screening form, regardless of whether they had one 25 early or not.</p>	<p style="text-align: right;">12</p> <p>1 A Correct. 2 Q Can you describe your job duties as an RN 3 with MENd? 4 A Yeah. Absolutely. There is assessments of 5 each patient; head-to-toe assessments, if need be. 6 There is lots of wound care. We get a lot 7 of people that come in with either previous or new 8 wounds. Lots of chemical assessments. Any time 9 anyone has an issue, whether it be their mental 10 health or physical health, they can place a sick 11 call, is what we call them. You know, we're their 12 primary clinic. So any time they have an issue with 13 anything, they send them in. We receive their sick 14 calls and go through them three times a shift, and 15 triage them accordingly. 16 Q If they put in for their own sick call? 17 A Correct. 18 Q In what facilities do you work at in 20 -- 19 in November of 2017? 20 A Just Sherburne. 21 Q How many hours per week were you there? 22 A 40. I was hired as a full-time. 23 Q Do you work at any other facilities, 24 currently? 25 A No, ma'am.</p>
<p style="text-align: right;">11</p> <p>1 MR. BENNETT: You should try to let her 2 finish her question before you begin your answer. 3 THE WITNESS: Okay. I'm sorry. 4 MS. BENNETT: Just makes her life easier 5 taking down the record. 6 COURT REPORTER: Thank you. 7 BY MS. BENNETT: 8 Q When were you hired by MENd? 9 A That was in March. 10 Q So just a few months after you received 11 your nursing license? 12 A Correct. 13 Q How did you hear about MENd? 14 A I went to a job fair, actually, at 15 Rasmussen school. And they were there. And I 16 enjoyed my prison clinical a lot. So I put an 17 application in and got an interview and was hired 18 that same day. 19 Q And what is your current position with 20 MENd? 21 A An RN. 22 Q Was that the same position you were hired 23 as? 24 A Correct. 25 Q And the same as November of 2017?</p>	<p style="text-align: right;">13</p> <p>1 Q Still at Sherburne? 2 A Correct. 3 Q And then I want to walk through the 4 structure at Sherburne County then. 5 Who was the medical director? 6 A That's going to be Todd. 7 Q Leonard? 8 A Yes. 9 Q And then who was the medical provider at 10 Sherburne? 11 A That's Todd Leonard. 12 Q So he's both the director and the provider? 13 A Oh, now I'm unsure of the director. 14 Oh, that's -- I'm sorry. I apologize. 15 Diana VanDerBeek is the director. 16 Todd Leonard is the acting medical 17 provider. 18 Q And how many times a week was Dr. Leonard 19 in the jail in November of 2017? 20 A Oh. That would be a tough one. I'm not 21 sure. He comes, I guess, as often as he's needed. I 22 really can't say how many times that month he was 23 there. Like I said, he comes as often as he needs to 24 be there. 25 Q And what would be a time when is he needed</p>

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<p style="text-align: right;">14</p> <p>1 at the jail?</p> <p>2 A Any time. Whether we're -- you know, if</p> <p>3 our provider is unable to be there, or if there's</p> <p>4 meetings. Or if he needs to, you know, help with any</p> <p>5 of the medical providers' load, workload, he would</p> <p>6 come in.</p> <p>7 Q Was he the primary treating provider for</p> <p>8 the inmates there?</p> <p>9 A Yes. Everything that we do. All of our</p> <p>10 assessments, all of our notes, our visits. After we</p> <p>11 put them in the computer, then our nurse practitioner</p> <p>12 reviews them, signs off on them, and then Dr. Todd</p> <p>13 also would review.</p> <p>14 Q And who was the nurse practitioner in</p> <p>15 November of 2017?</p> <p>16 A Janell Hussein.</p> <p>17 Q And you talked about the mental health</p> <p>18 provider being Mr. Robertson, or Dr. Robertson?</p> <p>19 A Correct.</p> <p>20 Q And is Diana VanDerBeek, the nursing</p> <p>21 director --</p> <p>22 A Yes.</p> <p>23 Q -- not just the -- the medical director?</p> <p>24 A Yes. I'm sorry.</p> <p>25 I misunderstood that question. I</p>	<p style="text-align: right;">16</p> <p>1 Q And then I take it there's a bunch of RNs</p> <p>2 that are also working there alongside you?</p> <p>3 A Correct.</p> <p>4 Q And are you staffed at the same time as</p> <p>5 them? Or how many are typically on a shift?</p> <p>6 A Yep. There's anywhere from three to five</p> <p>7 nursing staff on per shift. There's always at least</p> <p>8 two. But it's typically three to five.</p> <p>9 Q And then the medical provider, Dr. Leonard,</p> <p>10 is there as needed?</p> <p>11 A Uh-huh. Yep. And Janell Hussein, the</p> <p>12 acting nurse practitioner, she's there Monday through</p> <p>13 Friday.</p> <p>14 Q And then are there also health pass and med</p> <p>15 passers?</p> <p>16 A Correct.</p> <p>17 Q And you're not a psychiatric nurse. Are</p> <p>18 you?</p> <p>19 A Correct.</p> <p>20 Q And you're not a qualified mental health</p> <p>21 professional?</p> <p>22 A I did not get my degree in mental health.</p> <p>23 No. I got my degree in nursing.</p> <p>24 Q And you're familiar with the MEnD policies?</p> <p>25 You stated that you've been given them and review</p>
<p style="text-align: right;">15</p> <p>1 apologize.</p> <p>2 MS. NEARING: So to clarify, she is not the</p> <p>3 medical director?</p> <p>4 THE WITNESS: Correct. Yes. I apologize.</p> <p>5 MR. BENNETT: So who is?</p> <p>6 BY MS. BENNETT:</p> <p>7 Q Then who is the medical director?</p> <p>8 A You know, I can't, offhand, think of it.</p> <p>9 I'm not sure. And I don't want to give you a wrong</p> <p>10 answer. So I'm not sure.</p> <p>11 Todd Leonard is the acting medical</p> <p>12 provider. And she is -- Diana -- I'm sorry, I</p> <p>13 apologize -- is the nursing director.</p> <p>14 Q Do they use the term "responsible health</p> <p>15 authority"?</p> <p>16 A Yes. And I don't know who that is, I</p> <p>17 guess. Again, I don't want to tell you the wrong</p> <p>18 information.</p> <p>19 Q And Dr. Leonard was the acting medical</p> <p>20 provider in November of 2017?</p> <p>21 A Correct.</p> <p>22 Q And, then, was there a nursing supervisor?</p> <p>23 A That would be Jen.</p> <p>24 Q Is that Thompson?</p> <p>25 A Correct.</p>	<p style="text-align: right;">17</p> <p>1 them.</p> <p>2 A Yep. Every year we get new ones, because</p> <p>3 they update -- you know, every year they go through</p> <p>4 and assess if anything does need to be changed,</p> <p>5 updated, improved.</p> <p>6 And then at that time we do get a new copy.</p> <p>7 So every single nurse has their own copy.</p> <p>8 Q And are you retrained annually or --</p> <p>9 A Every year we have training, yep.</p> <p>10 Actually, our training is coming up June, I think,</p> <p>11 18th it is. It's a two-day course.</p> <p>12 Q Is it always in June?</p> <p>13 A Correct. Well, at least since I've been</p> <p>14 there, it has been.</p> <p>15 Q And under the policy, is the goal to</p> <p>16 provide quality medical care to inmates from the time</p> <p>17 of admission to the time of their discharge?</p> <p>18 A Correct.</p> <p>19 Q And the medical provider -- so that being</p> <p>20 Todd Leonard in November of 2017 -- was supposed to</p> <p>21 review and sign all health assessments?</p> <p>22 A Which first Janell does. After the nursing</p> <p>23 staff completes them, enters them, then Janell goes</p> <p>24 through and signs them. Everything that she does,</p> <p>25 Dr. Todd also oversees. So, in turn, he does see</p>

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<p style="text-align: right;">18</p> <p>1 everything we do as well.</p> <p>2 Q And you're supposed to make reasonable</p> <p>3 attempts to discover mental instability of inmates?</p> <p>4 A Correct.</p> <p>5 If we are concerned of anything, you know,</p> <p>6 we dig into it right away.</p> <p>7 Q And then if you are -- if you detect a</p> <p>8 mental health issue in an inmate, they're to be</p> <p>9 referred to medical staff as soon as possible?</p> <p>10 A Yep. If we detect any -- any sort of</p> <p>11 issues -- mental health, if they feel like -- seem</p> <p>12 like they're in trouble -- we meet with them. We go</p> <p>13 through those suicide risk screening questions. We</p> <p>14 go through their history. You know, check how stable</p> <p>15 they are. Check to see, you know, if they would --</p> <p>16 were to have thoughts of harming themselves. Those are</p> <p>17 all questions that we would go through.</p> <p>18 And then if we are concerned, then we would</p> <p>19 place a mental health referral. And depending on if</p> <p>20 it's urgent or not, we can mark "urgent" on there.</p> <p>21 Sometimes the mental health provider can see them</p> <p>22 right away.</p> <p>23 Q And if it is an urgent mental health</p> <p>24 referral, when would you expect that patient to be</p> <p>25 seen?</p>	<p style="text-align: right;">20</p> <p>1 Q And you can also refer them to the jail</p> <p>2 medical provider, the mental health professional, or</p> <p>3 both?</p> <p>4 A Absolutely. Yes.</p> <p>5 Q But it would be a mental health referral if</p> <p>6 it was an urgent issue?</p> <p>7 A Uh-huh. Yep. And she would meet with them</p> <p>8 first.</p> <p>9 A lot of times mental health and medical</p> <p>10 provider, you know, work in correlation. Because,</p> <p>11 you know, do -- do they need to have medications</p> <p>12 onboard. You know, are there other issues that their</p> <p>13 physical health is affecting their mental health. So</p> <p>14 they work hand-in-hand.</p> <p>15 Q And do you know if Dr. Robertson was able</p> <p>16 to prescribe?</p> <p>17 A He cannot prescribe. No. No. He's a</p> <p>18 psychologist.</p> <p>19 Q And you can also refer out, if an inmate</p> <p>20 poses issues that are beyond the capabilities of</p> <p>21 those staffed in the jail. Is that right?</p> <p>22 A As far as mental health or physical health</p> <p>23 or --</p> <p>24 Q Both.</p> <p>25 A -- both? Yep. That happens quite a bit.</p>
<p style="text-align: right;">19</p> <p>1 A It's usually within the next day. Usually.</p> <p>2 She -- so, like I said, sometimes she is</p> <p>3 able to see them that same day. And if it is urgent,</p> <p>4 they are placed on a 15-minute mental health watch.</p> <p>5 And with those watches, whether it be a</p> <p>6 15-minute or 30, emails would go out to our</p> <p>7 classifications, to our sergeants, to our admin, as</p> <p>8 well as the nursing staff, so everyone is on the same</p> <p>9 page; everyone knows what's going on with them.</p> <p>10 Q So if someone is placed on a 15-minute</p> <p>11 mental health watch, it is an urgent mental health --</p> <p>12 A Uh-huh.</p> <p>13 Q -- issue?</p> <p>14 A Absolutely.</p> <p>15 Q And you were saying "she," I think, in</p> <p>16 reference to the mental health provider.</p> <p>17 A Yeah.</p> <p>18 Q I thought that was Michael Robertson?</p> <p>19 A Michael Robertson is no longer with us. So</p> <p>20 now it's -- it is Barb. I think her last name is</p> <p>21 like Weinsky (phonetic) or Wanese (phonetic).</p> <p>22 Q But it was not Barb Weinsky --</p> <p>23 A No.</p> <p>24 Q -- in November of 2017. Correct?</p> <p>25 A Correct.</p>	<p style="text-align: right;">21</p> <p>1 If they're, you know -- we are capable and very well</p> <p>2 able to care for most. But there are some things</p> <p>3 that we just simply cannot give them the best care.</p> <p>4 In those times, then, yes, they would be sent out.</p> <p>5 Q In what instances have you seen an inmate</p> <p>6 referred out?</p> <p>7 A Well, chemical-wise, it happens often if we</p> <p>8 get an inmate in that is extremely agitated, won't</p> <p>9 allow nursing staff to assess, can't get any vitals,</p> <p>10 can't get a urine.</p> <p>11 If we're concerned that they have ingested</p> <p>12 anything, or if they're just acting so out of the</p> <p>13 blue, then we would -- for their safety, we would</p> <p>14 send them out so they could be better evaluated to</p> <p>15 make sure that there is nothing else on board.</p> <p>16 We cannot force inmates to give us a urine.</p> <p>17 We cannot force them to allow us to do blood</p> <p>18 pressures. So it's better to make sure that they</p> <p>19 have the best care, and send them out if we cannot</p> <p>20 obtain those things.</p> <p>21 Q And it sounds like that's for the safety of</p> <p>22 the inmate?</p> <p>23 A Uh-huh. Yep.</p> <p>24 Q Is it also within the MEnD training and</p> <p>25 policies that you've received that any perceived</p>

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<p style="text-align: right;">22</p> <p>1 risks of suicide should be treated as a valid threat?</p> <p>2 A Absolutely. Yes. We don't play around</p> <p>3 with that at all.</p> <p>4 It's -- it happens often where we'll get a</p> <p>5 call from a housing officer saying either another</p> <p>6 patient overheard someone saying something about</p> <p>7 harming themselves. Or if the patient himself goes</p> <p>8 to the officer and reports something. We -- you</p> <p>9 know, we take that extremely seriously.</p> <p>10 At that time, they would have to go into</p> <p>11 the full precautions. Kevlar gown, urgent mental</p> <p>12 health referral, nurse would meet with them as well</p> <p>13 as mental health.</p> <p>14 Q So you, as a nurse in the jail, would try</p> <p>15 and obtain a full picture of what every person is</p> <p>16 seeing of particular inmates. Is that what I hear</p> <p>17 you saying there?</p> <p>18 A Say that again? I'm sorry.</p> <p>19 Q So you would be interested in what other</p> <p>20 inmates are hearing about a particular inmate? COs,</p> <p>21 what they're observing and --</p> <p>22 A Yep. That's all plays a toll in it.</p> <p>23 Because we can only -- we can only help so much</p> <p>24 because we can't -- we don't have eyes on -- once</p> <p>25 they're in housing, you know, they're no longer in</p>	<p style="text-align: right;">24</p> <p>1 Q So those, it looks like, through what we've</p> <p>2 obtained in this case, those are, like, a narrative</p> <p>3 version. Is that fair?</p> <p>4 A Yeah. Yep. That would also have their</p> <p>5 assessment as well. If they -- you know, their</p> <p>6 mental health; if they weren't making eye contact;</p> <p>7 if, you know, they were very fidgety; if they were</p> <p>8 taking a long time to respond to questions. Their</p> <p>9 vitals would be in there. Any drug screening would</p> <p>10 be in there as well.</p> <p>11 Q And do you also have access to the booking</p> <p>12 information obtained by correctional officers?</p> <p>13 A Correct. Yep. Every time someone gets</p> <p>14 booked in, those packets, both. We have a system</p> <p>15 called ProPhoenix that would have their electronic</p> <p>16 information and questioning.</p> <p>17 And then we also get their paper booking</p> <p>18 sheet in the clinic as well.</p> <p>19 Q Does MEnD train booking, or the COs who do</p> <p>20 book in inmates, as to how they should go about</p> <p>21 filling out those forms?</p> <p>22 A MEnD -- MEnD does not, no. No.</p> <p>23 We do work close, hand-in-hand, though.</p> <p>24 Q Is there a high percentage of individuals</p> <p>25 coming into the jail with, you know, substance abuse</p>
<p style="text-align: right;">23</p> <p>1 the clinic.</p> <p>2 So if an officer -- you know, they're</p> <p>3 around them almost 24 hours a day. So they, you</p> <p>4 know, sometimes see or hear things that the clinic</p> <p>5 does not know of. So they report it right away.</p> <p>6 Q And along that same line, do you review,</p> <p>7 like, the eMDs and other written documentation about</p> <p>8 inmates as you're treating them?</p> <p>9 A Uh-huh. Absolutely. Yep.</p> <p>10 Because you can see what their history is</p> <p>11 then. If there's been a history of other issues like</p> <p>12 that, then it kind of gives us a little bit of a</p> <p>13 picture in how best we can help them.</p> <p>14 Q And how is it that you can review, you</p> <p>15 know, the eMDs or other written documentation about</p> <p>16 the inmate at the jail?</p> <p>17 A All the electronic documents, we all have</p> <p>18 access to eMDs. Which you would just have to type in</p> <p>19 their name, and then it would pull up their whole</p> <p>20 electronic chart. As well as we have their paper</p> <p>21 chart that has all of their written documents as</p> <p>22 well.</p> <p>23 Q So -- and the eMDs chart, that's the</p> <p>24 electronic version?</p> <p>25 A Uh-huh. Yeah. I'm sorry. Yes.</p>	<p style="text-align: right;">25</p> <p>1 issues?</p> <p>2 A Unfortunately, yes. A larger portion of</p> <p>3 our population are either currently or have a history</p> <p>4 of substance abuse; whether that be drug or alcohol.</p> <p>5 Q Do you find that there's a large percentage</p> <p>6 of inmates who have been self-medicating on the</p> <p>7 outside?</p> <p>8 A Yeah. Well, they report -- yes. There's a</p> <p>9 lot of people that, you know, would report that for</p> <p>10 them, quote/unquote, it would be easier to</p> <p>11 self-medicate than to go see a doctor. For example,</p> <p>12 you know, every so often get reevaluated. So that</p> <p>13 does happen. Yes.</p> <p>14 Q Is it true, then, that there's a large</p> <p>15 percentage of inmates who come in who don't have, you</p> <p>16 know, a regular treating provider on the outside?</p> <p>17 A I can say that would be fair.</p> <p>18 Q And withdrawal symptoms from, you know,</p> <p>19 drugs can be painful?</p> <p>20 A Uh-huh.</p> <p>21 Q Correct?</p> <p>22 A Absolutely. Yep.</p> <p>23 Q And I take it you've probably seen some of</p> <p>24 that firsthand?</p> <p>25 A Yeah. Yep.</p>

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<p style="text-align: right;">26</p> <p>1 Q And they can be dangerous as well, right?</p> <p>2 A Very much so.</p> <p>3 Q And even life-threatening?</p> <p>4 A Very much so. And that is why we monitor</p> <p>5 very closely. That is where those 15-minute watches</p> <p>6 would come in.</p> <p>7 Q Have you been trained that the withdrawal</p> <p>8 symptoms can lead to suicides?</p> <p>9 A Well, yes. That's -- that's part of the</p> <p>10 training, what they, you know, go through. When</p> <p>11 you're not, you know, thinking clearly, you're not in</p> <p>12 your right mind, sometimes you will do things that</p> <p>13 you wouldn't normally do.</p> <p>14 So their mental health and physical health</p> <p>15 is definitely something that we monitor; especially</p> <p>16 when drugs or any substances are on board.</p> <p>17 Q And both of those areas, --</p> <p>18 A Absolutely.</p> <p>19 Q -- mental and physical, are important?</p> <p>20 A Yes. Absolutely.</p> <p>21 Q Are the severe withdrawal cases supposed to</p> <p>22 be referred out?</p> <p>23 A Depends on a factor, a number of things.</p> <p>24 It would depend on, you know, how their</p> <p>25 vitals are. Do they have a history of seizures.</p>	<p style="text-align: right;">28</p> <p>1 A That would be something that I would be</p> <p>2 getting on the phone with my provider right away to</p> <p>3 get further -- further action, further...</p> <p>4 Q So it's above what you would be comfortable</p> <p>5 dealing with on your own?</p> <p>6 A Depending on what it is. I mean, we have</p> <p>7 to keep them safe. We have to keep -- their safety</p> <p>8 is our number one.</p> <p>9 So if we are unsure, ask my providers.</p> <p>10 They go to school a lot longer than we do. So...</p> <p>11 It's never a bad thing to call if you're ever unsure.</p> <p>12 Q Are the chemical withdrawal questionnaires</p> <p>13 given to each inmate?</p> <p>14 A No. They are given to them if they have</p> <p>15 reported a drug use, or if they're just acting kind</p> <p>16 of off.</p> <p>17 At that time, we would get a urine. And if</p> <p>18 they were positive for something, then one would be</p> <p>19 initiated at that time.</p> <p>20 Q So it's a urine test first, and then the</p> <p>21 chemical withdrawal questionnaire?</p> <p>22 A Because we need to know what's on board</p> <p>23 first. What substance.</p> <p>24 Q And then if there's both a positive urine</p> <p>25 test, and then they reported chemical use, do -- do</p>
<p style="text-align: right;">27</p> <p>1 Were there -- if they were alcohol intoxicated, where</p> <p>2 that PBT, or how high they're blowing. If it's --</p> <p>3 usually, if it's anything for .40 or higher, we</p> <p>4 usually refer out.</p> <p>5 But all of those -- we get those cases in,</p> <p>6 we would be calling our medical provider.</p> <p>7 Q And where would those cases be referred out</p> <p>8 to?</p> <p>9 A There is a few different hospitals. We go</p> <p>10 to Mercy quite a bit. But there's a few different</p> <p>11 hospitals that we do send patients to.</p> <p>12 Q Would an inmate who has reported that the</p> <p>13 pain is so bad that they are having thoughts of</p> <p>14 self-harm be considered a severe withdrawal case?</p> <p>15 MS. NEARING: Objection. Lacking in</p> <p>16 foundation, calls for speculation.</p> <p>17 You can go ahead and answer. If you have</p> <p>18 an answer.</p> <p>19 A Okay. Can you repeat the question?</p> <p>20 BY MS. BENNETT:</p> <p>21 Q Yes.</p> <p>22 So if an individual is complaining of pain</p> <p>23 that's so bad from withdrawals, and they're</p> <p>24 considering self-harm, would that be a severe</p> <p>25 withdrawal case?</p>	<p style="text-align: right;">29</p> <p>1 the flow sheets then begin?</p> <p>2 A The chemical withdrawal flow sheets?</p> <p>3 Q Yes.</p> <p>4 A Yes. Correct. And that's where we would</p> <p>5 get the questions how -- you know, how are they</p> <p>6 feeling. Are they vomiting. Do they have a tremor.</p> <p>7 Are they oriented. You know, what do their vitals</p> <p>8 look like. How do they appear to you. Are they</p> <p>9 sweating. Are they shaky, agitated.</p> <p>10 Q And from those answers, an inmate is given</p> <p>11 a score?</p> <p>12 A Correct.</p> <p>13 Q And who is giving that score?</p> <p>14 A The nursing staff.</p> <p>15 Q And if they're below 10 points for three</p> <p>16 days, are those flow sheets discontinued?</p> <p>17 A Discontinued. Correct.</p> <p>18 Q And if -- likewise, if the score is below</p> <p>19 10, no medical provider is consulted?</p> <p>20 A Correct. Unless whoever is assessing them</p> <p>21 is concerned of anything else.</p> <p>22 Just because they are below 10 does not</p> <p>23 necessarily mean that the provider is not called. It</p> <p>24 just depends how the patient presents.</p> <p>25 Q Are individuals who are on chemical</p>

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<p style="text-align: right;">30</p> <p>1 withdrawal watch also given suicide risk screening</p> <p>2 forms?</p> <p>3 A Absolutely. Yes.</p> <p>4 Q And are they also -- are the suicide risk</p> <p>5 screening forms also given to individuals who need to</p> <p>6 be monitored for other mental health issues outside</p> <p>7 of just chemical withdrawal?</p> <p>8 A If they're reporting or if we have gotten</p> <p>9 word that there is a mental health issue, then, yes,</p> <p>10 a suicide risk screening form would be completed.</p> <p>11 Q So there's two ways that suicide risk</p> <p>12 screening forms can be initiated?</p> <p>13 A That, as well as with our health</p> <p>14 assessments. With each person's health assessment we</p> <p>15 do one as well, regardless if -- whether or not they</p> <p>16 have had one or not.</p> <p>17 Q So basically, each inmate will get one</p> <p>18 suicide risk screening form --</p> <p>19 A Correct.</p> <p>20 Q -- completed?</p> <p>21 When are Beck Depression Inventories given</p> <p>22 to inmates?</p> <p>23 A That is when -- we get a lot of people that</p> <p>24 come in, that haven't been able to meet with a mental</p> <p>25 health provider, that requests to speak to the mental</p>	<p style="text-align: right;">32</p> <p>1 we -- when they're completed, then we put in a mental</p> <p>2 health referral.</p> <p>3 Q And so just backtracking for a second here.</p> <p>4 So the Beck Depression Inventory is completed by the</p> <p>5 inmate themselves in the clinic?</p> <p>6 A Correct.</p> <p>7 Q And then the scoring is completed by who?</p> <p>8 A The nursing staff.</p> <p>9 Q And are there instances when the inmate</p> <p>10 does not have to complete the second step, and</p> <p>11 they're just fast-tracked to a mental health</p> <p>12 referral?</p> <p>13 A There is, yes.</p> <p>14 When -- when there is concern of self-harm,</p> <p>15 a -- if a mental health provider is not there, then</p> <p>16 an urgent referral would be put in.</p> <p>17 Otherwise, if she is there, then we would</p> <p>18 talk with her.</p> <p>19 If there's no -- no risk of self-harm and</p> <p>20 we -- we're not concerned that they are going to do</p> <p>21 anything, then we don't need to put them in the gown.</p> <p>22 But that does happen, to where she does</p> <p>23 need to meet with them before that 14 days.</p> <p>24 A lot of times it is good if they're not in</p> <p>25 the gown for them to still complete it. It's just</p>
<p style="text-align: right;">31</p> <p>1 health provider.</p> <p>2 We get the patients to the clinic. We talk</p> <p>3 about them. We do those suicide risk screening</p> <p>4 forms. Kind of see, you know, where they're at.</p> <p>5 Assess how they're appearing, how they're responding,</p> <p>6 how they're talking to you answering questions.</p> <p>7 And then if there's no concerns of</p> <p>8 self-harm, then they would start on the Beck</p> <p>9 depression packet. So there's a two-step packet for</p> <p>10 the mental health process.</p> <p>11 Q And what are the two steps?</p> <p>12 A That first one is the Beck Depression</p> <p>13 Inventory. And they complete that there in the</p> <p>14 clinic.</p> <p>15 And then we give them what's called a</p> <p>16 14-day tracking form. And again, those are given if</p> <p>17 there's no concern of self-harm to where, you know,</p> <p>18 we feel that no harm will come to the patient and</p> <p>19 it's good to complete this form.</p> <p>20 That form goes through -- they're looking</p> <p>21 for how is the patient sleeping, what kind of</p> <p>22 activities they're doing, what kind of thoughts are</p> <p>23 they having throughout the day.</p> <p>24 So they need to, each day, go through and</p> <p>25 write things down in those categories. And then</p>	<p style="text-align: right;">33</p> <p>1 kind of therapeutic to get thoughts down on paper.</p> <p>2 Q And a score of greater than 40 indicates</p> <p>3 what on a Beck Depression Inventory?</p> <p>4 A That is something that we would be calling</p> <p>5 the provider. That's in our protocol. We would have</p> <p>6 to call right away and review it with them to see,</p> <p>7 you know, is this patient, you know, a threat to</p> <p>8 himself or others. Does this patient need to be on</p> <p>9 full precautions. And review it with the provider.</p> <p>10 And then whoever is making the phone call,</p> <p>11 one of the nursing staff, would go through with the</p> <p>12 provider, you know, how long they've been there. You</p> <p>13 know, jail, it's hard. You know, people come in from</p> <p>14 the streets. Sometimes when they first get there</p> <p>15 it's really, really tough for them. So that's when</p> <p>16 we would review with the provider.</p> <p>17 Q And would a score of greater than 40</p> <p>18 indicate severe depression?</p> <p>19 A I guess I can't answer that. I'm not a</p> <p>20 psychologist. I wouldn't...</p> <p>21 Q But you're --</p> <p>22 A But --</p> <p>23 Q -- part of the nursing staff. Right?</p> <p>24 A Yes.</p> <p>25 Q And you're part of the people that will be</p>

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<p style="text-align: right;">34</p> <p>1 scoring these BDIs?</p> <p>2 A Absolutely. Which is why if it's over 40,</p> <p>3 then I would be contacting my provider.</p> <p>4 Q So you just know that the threshold of</p> <p>5 anything above 40, you need to go higher up on --</p> <p>6 A Uh-huh.</p> <p>7 Q -- the rank?</p> <p>8 A And then an urgent mental health referral</p> <p>9 would also be placed if it's over 40.</p> <p>10 Or, again, if, when you're laying eyes on</p> <p>11 the patient if you're concerned. If there's any red</p> <p>12 flags that would be concerning.</p> <p>13 Q And by "red flags," would, like, giving</p> <p>14 away personal belongings be a red flag?</p> <p>15 A Absolutely. Lack of eye contact. Very</p> <p>16 flat appearances. Being emotional. Verbalizing, you</p> <p>17 know, how they're feeling. If it's self-harming or</p> <p>18 if they feel like they're going to harm other people.</p> <p>19 Q What about a change in behavior or becoming</p> <p>20 more agitated?</p> <p>21 A Yep. Absolutely. Those are all things</p> <p>22 that we would be watching for.</p> <p>23 Q Would you try and look into what their</p> <p>24 sentence would be or look like?</p> <p>25 A That can play a role. Absolutely. I mean,</p>	<p style="text-align: right;">36</p> <p>1 Q Can an inmate's mental health issue be</p> <p>2 compounded by the fact that they're going through</p> <p>3 withdrawals at the same time?</p> <p>4 A I believe so, yes.</p> <p>5 Q Is there a suicide prevention plan in place</p> <p>6 at Sherburne County?</p> <p>7 A There is.</p> <p>8 Q Can you describe that?</p> <p>9 A Do you have a copy of it? I'd like to look</p> <p>10 at it, if you do.</p> <p>11 (Exhibit 21 was marked for identification.)</p> <p>12 THE WITNESS: Thank you.</p> <p>13 BY MS. BENNETT:</p> <p>14 Q Showing you what has been marked as</p> <p>15 Exhibit 21.</p> <p>16 Does that -- is that the suicide prevention</p> <p>17 plan --</p> <p>18 A Correct.</p> <p>19 Q -- that you've been trained on?</p> <p>20 A Correct. And the evaluation.</p> <p>21 Q Can you walk us through what the</p> <p>22 expectations are under this policy?</p> <p>23 A Well, it's kind of -- kind of laid out</p> <p>24 here. Again, this is why it's good for our staff</p> <p>25 here to have copies of this at all times. If there's</p>
<p style="text-align: right;">35</p> <p>1 that's sometimes the questions that we ask. You</p> <p>2 know, have you received any -- any personal phone</p> <p>3 calls lately. You know, did you recently have court.</p> <p>4 You know. Did it not go so well.</p> <p>5 That, you know, that can -- that can be</p> <p>6 pretty hard for people, when they get bad news and</p> <p>7 they're in jail.</p> <p>8 Q And you mentioned phone calls. Do you ever</p> <p>9 review phone calls of inmates?</p> <p>10 A No. I do not.</p> <p>11 Q Have you ever directed any correctional</p> <p>12 officers to review phone calls of inmates?</p> <p>13 A That is their side. We don't have anything</p> <p>14 to do with phone calls.</p> <p>15 Q Would a report of not sleeping for days on</p> <p>16 end also be another red flag?</p> <p>17 A Yeah. That would be something that we</p> <p>18 would be talking to them. You know, what is going</p> <p>19 on. You know, what's your thought process. Where is</p> <p>20 your head at. You know, are you having self-harming</p> <p>21 thoughts. Are you just having a hard time turning</p> <p>22 off your thoughts. That's one thing that we would</p> <p>23 also dig into.</p> <p>24 And if we were concerned, again, we would</p> <p>25 review with the mental health provider.</p>	<p style="text-align: right;">37</p> <p>1 new employees that aren't very -- or as familiar,</p> <p>2 then that's why we have these protocols.</p> <p>3 If they're -- again, if there is word or</p> <p>4 the inmate themselves say anything about self-harming</p> <p>5 thoughts, feelings, about harming other people, then</p> <p>6 we would get them to the clinic. We would talk with</p> <p>7 them; see where their mental health is at; do that</p> <p>8 suicide risk screening form; determine, you know,</p> <p>9 appropriate housing, where they should be at.</p> <p>10 If it's an urgent referral, mental health</p> <p>11 needs to speak with them right away.</p> <p>12 We would also determine, too, if we thought</p> <p>13 that -- even if they had been there for some time --</p> <p>14 if we thought that there was chemicals on board and</p> <p>15 if we would -- or were thinking that, we would get a</p> <p>16 urine as well.</p> <p>17 Q And so aside from the policies on there,</p> <p>18 there seems to be a protocol index through MEnD that</p> <p>19 kind of helps you put the plan -- or the policy into</p> <p>20 action. Is that fair?</p> <p>21 A Correct. It would be a step-by-step plan.</p> <p>22 Q And so if an individual has been put on</p> <p>23 suicide precaution or management, would that mean</p> <p>24 that they're an at-risk inmate?</p> <p>25 A Correct.</p>

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<p style="text-align: right;">38</p> <p>1 Q And that means at risk for suicide.</p> <p>2 Correct?</p> <p>3 A Correct.</p> <p>4 Q I'm going to have you look at -- we've</p> <p>5 already marked some exhibits here. I'm going to pull</p> <p>6 out Exhibit 11.</p> <p>7 A Okay.</p> <p>8 Q And this is for -- you know what brings us</p> <p>9 here today. Right?</p> <p>10 A I do. Correct.</p> <p>11 Q You recall James Lynas being at the</p> <p>12 Sherburne County jail?</p> <p>13 A I do.</p> <p>14 Q So this is a prescription for James Lynas.</p> <p>15 And then attached to that, you know, is an actual</p> <p>16 physical prescription and the pills.</p> <p>17 And then his medical administration record</p> <p>18 is the third page of Exhibit 11.</p> <p>19 Do you see that?</p> <p>20 A Correct.</p> <p>21 Q All right. And can you -- or do you</p> <p>22 recognize any of the initials on the medical</p> <p>23 administration record?</p> <p>24 A I do not. No. I -- I'm not sure whose</p> <p>25 initials these are.</p>	<p style="text-align: right;">40</p> <p>1 date of 11/7, and a stop date of 11/17/17?</p> <p>2 A 17. Yep.</p> <p>3 So then also, you can see here, the middle</p> <p>4 one, there's a "DC." That means that middle</p> <p>5 prescription was discontinued.</p> <p>6 Q Can you tell when that occurred?</p> <p>7 A I guess, on here, I can't. Usually,</p> <p>8 they're -- they're highlighted on the actual physical</p> <p>9 MAR at the clinic.</p> <p>10 If anything is discontinued, the whole</p> <p>11 block is highlighted so people don't give double</p> <p>12 prescriptions.</p> <p>13 Q Can you tell what was given to James Lynas,</p> <p>14 from this sheet?</p> <p>15 A Yep. When a medication is administered,</p> <p>16 that is when the health tech would put their initials</p> <p>17 there on that date.</p> <p>18 So he got one dose -- one tablet of</p> <p>19 50 milligrams hydroxyzine on the 8th, as well as the</p> <p>20 night of the 7th, and the night of the 8th.</p> <p>21 Q And then so he received, from this sheet,</p> <p>22 zero of the first hydroxyzine prescription?</p> <p>23 A Correct.</p> <p>24 Q And then just three tablets --</p> <p>25 A Correct.</p>
<p style="text-align: right;">39</p> <p>1 Q Does your handwriting appear at all on the</p> <p>2 medical administration record?</p> <p>3 A No. It is not. Not on the MAR.</p> <p>4 Q Can you tell us -- I mean, do you read</p> <p>5 medical administration records?</p> <p>6 A Yes.</p> <p>7 Q Can you tell us what these records mean to</p> <p>8 you?</p> <p>9 A This -- excuse me. This is like a track</p> <p>10 record of any medication the inmate may be on. This</p> <p>11 way we can see -- and for safety reasons too. When</p> <p>12 health techs are passing meds, it lists very</p> <p>13 clearly -- you know, they always look at their name,</p> <p>14 SPN, date of birth, dosing. When they would be given</p> <p>15 throughout the day, if it's in the morning, afternoon</p> <p>16 at night; or if it's just one time a day, that would</p> <p>17 be on there as well.</p> <p>18 Q And it looks like there's two identical</p> <p>19 prescriptions for hydroxyzine noted on this medical</p> <p>20 administration record. Correct?</p> <p>21 A Yep. So it looks like the middle one had a</p> <p>22 stop date of 11/16. Or excuse me. A start date of</p> <p>23 11/6 and a stop date of 11/16. So it would be for</p> <p>24 that ten days.</p> <p>25 Q And then the second one would be a start</p>	<p style="text-align: right;">41</p> <p>1 Q -- the second.</p> <p>2 And you did have interaction with James</p> <p>3 Lynas prior to his death. Correct?</p> <p>4 A Excuse me. My interaction was very brief.</p> <p>5 I saw him the night of booking, when he was first</p> <p>6 booked in. I saw him that evening.</p> <p>7 He had reported some --</p> <p>8 MS. NEARING: Let her ask the questions.</p> <p>9 THE WITNESS: Okay.</p> <p>10 MS. NEARING: You answered beyond what she</p> <p>11 asked.</p> <p>12 THE WITNESS: Okay.</p> <p>13 BY MS. BENNETT:</p> <p>14 Q Do you recall when your first interaction</p> <p>15 with Mr. Lynas was before November of 2017?</p> <p>16 A I do not.</p> <p>17 Q And going back to Exhibit 11 real quick.</p> <p>18 Does anything on the medication</p> <p>19 administration record indicate James Lynas refused</p> <p>20 any medication?</p> <p>21 A I do not believe so.</p> <p>22 There -- when a patient does refuse a</p> <p>23 medication, the health tech would put an R in red and</p> <p>24 circle it.</p> <p>25 I can't say 100 percent if any of these</p>

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<p style="text-align: right;">42</p> <p>1 are, or if this is just all initials.</p> <p>2 But that is, when patients refuse, that is</p> <p>3 how they are marked.</p> <p>4 Q And do the med techs try and make it clear</p> <p>5 when an inmate has refused medication?</p> <p>6 A That's why it's marked in red. Everything</p> <p>7 anything else is black.</p> <p>8 Q And as far as the hydroxyzine goes, there's</p> <p>9 three markings for three pills?</p> <p>10 A Correct.</p> <p>11 Q And none of those appear to you to be just</p> <p>12 an R, as a refusal?</p> <p>13 A I don't believe so. But without the actual</p> <p>14 MAR in front of me, without seeing any of that red,</p> <p>15 it doesn't appear that way. But without seeing the</p> <p>16 actual MAR...</p> <p>17 (Exhibit 22 was marked for identification.)</p> <p>18 BY MS. BENNETT:</p> <p>19 Q Showing you what has been marked as</p> <p>20 Exhibit 22. And this is the July chemical withdrawal</p> <p>21 flow sheet for James Lynas.</p> <p>22 Do you see that?</p> <p>23 A Yep.</p> <p>24 Q And your handwriting appears on this.</p> <p>25 Correct?</p>	<p style="text-align: right;">44</p> <p>1 (Exhibit 23 was marked for identification.)</p> <p>2 BY MS. BENNETT:</p> <p>3 Q Showing you what has been marked as</p> <p>4 Exhibit 23, which is the chemical withdrawal</p> <p>5 questionnaire for James Lynas in July of 2017.</p> <p>6 Does your handwriting appear on this sheet?</p> <p>7 A Correct.</p> <p>8 Q Okay. It just isn't signed by anyone.</p> <p>9 Correct?</p> <p>10 A Correct.</p> <p>11 Q But you filled this sheet out for him?</p> <p>12 A That is my handwriting. Yes.</p> <p>13 Q And it -- is this what he reported to you</p> <p>14 about his chemical use?</p> <p>15 A Correct.</p> <p>16 Q And so that would be opiate usage, one gram</p> <p>17 per day, daily, for one year?</p> <p>18 A Correct.</p> <p>19 Q And then he last used on 7/4 of 2017?</p> <p>20 A Correct.</p> <p>21 Q And then would that be the history</p> <p>22 withdrawal symptoms that he's previously had, or the</p> <p>23 ones that you wrote down that he was currently</p> <p>24 having?</p> <p>25 A That is what he reported to me as his</p>
<p style="text-align: right;">43</p> <p>1 A Correct.</p> <p>2 Q And can you read us through your follow-up</p> <p>3 plan note?</p> <p>4 A I can.</p> <p>5 Let's see. RN to follow up -- RN to follow</p> <p>6 up with clinic as needed. I meant to put "patient"</p> <p>7 there, but that's -- yes. "RN to follow up with</p> <p>8 clinic as needed," is what I put.</p> <p>9 When we do flow sheets like this, as you</p> <p>10 discussed earlier, they do have to have at least</p> <p>11 three scores. So when I saw him that night on the</p> <p>12 15th, I did his initial, it looks like, started the</p> <p>13 flow sheet. I would have started that watch, because</p> <p>14 he was positive for several things. And that is why</p> <p>15 he would have been seen the very next day as well.</p> <p>16 Q And he also described some symptoms of</p> <p>17 withdrawal to you?</p> <p>18 A Let's see.</p> <p>19 It looks like he reported to me nausea,</p> <p>20 tremors and cold sweats. And he denied any seizure</p> <p>21 or stroke history.</p> <p>22 Q And as you sit here today, do you have any</p> <p>23 independent recollection of seeing James Lynas on</p> <p>24 this day?</p> <p>25 A I -- I do not.</p>	<p style="text-align: right;">45</p> <p>1 history of withdrawal symptoms.</p> <p>2 Q And then Exhibit 22, the flow sheet, marked</p> <p>3 what he was actually experiencing that day when you</p> <p>4 saw him?</p> <p>5 A That's when I assessed him. Yes.</p> <p>6 Q And the first step in this process would</p> <p>7 have been the urine screen, which you had the results</p> <p>8 of already. Is that right?</p> <p>9 A Correct.</p> <p>10 Q I'm going to show you what has been marked</p> <p>11 as Exhibit 13. I think it's the first email in that</p> <p>12 packet which is -- it's from you, on Wednesday,</p> <p>13 July 5th, of 2017. Do you see that?</p> <p>14 A I do.</p> <p>15 Q And you noted that a 30-minute chemical</p> <p>16 withdrawal was initiated for James Lynas. Is that</p> <p>17 right?</p> <p>18 A Correct.</p> <p>19 Q And that's what the subject "JL 12010"</p> <p>20 means?</p> <p>21 A Yep. Those are his initials, as well as</p> <p>22 his SPN number, an identification number.</p> <p>23 Q And you're emailing this out to who,</p> <p>24 exactly?</p> <p>25 A This goes to all of our classification, our</p>

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<p style="text-align: right;">46</p> <p>1 administration, our sergeant -- sergeants, as well as 2 our nursing staff. 3 Q And what's the purpose of sending such an 4 email? 5 A Then everybody is on the same page. 6 Everybody knows what's going on with him. 7 Q And what's the significance of a 30-minute 8 chemical withdrawal? Because my understanding is, 9 basically, the checks are all -- even in gen pop -- 10 people not on watches are done in 30-minute 11 intervals. 12 A The significance of that versus a 15, or 13 just in general? 14 Q Just in general. 15 A Just to -- just to keep an eye on them. 16 You know, if we're concerned of any sort of 17 withdrawals. Because he did -- he was positive for 18 those substances. 19 Those can be things that, you know, you can 20 start to physically run into trouble with. So that 21 is why we put them on those 30-minute watches. 22 Q So are you expecting that once this email 23 goes out, more thorough checks are done at those 24 30-minute intervals? 25 A I guess, what the officers do as far as</p>	<p style="text-align: right;">48</p> <p>1 A Correct. 2 Q This time it's for October -- or November 3 of 2017. Right? 4 A Correct. 5 Q And a urine drug screen was already done 6 for Mr. Lynas. Right? 7 A Correct. 8 Q And what was he positive for? 9 A He was positive for methamphetamines, 10 amphetamines and benzos. 11 Q And he had reported to you using heroin, 12 half -- half to one gram daily, for a year. Last use 13 was 10/31/17? 14 A Correct. 15 Q And then meth, one gram per week, weekly, 16 for one year. Last use of 10/30/17. Is that 17 correct? 18 A Correct. 19 Q So his drug use had increased since the 20 last time you saw him, at least? 21 A From what he reported to me. 22 Q But there's a bit of a change in his urine 23 screen results? 24 A It looks like... 25 Q This one's set up -- he turned to the</p>
<p style="text-align: right;">47</p> <p>1 their normal everyday 30-minute checks, or if it's 2 different with the 30-minute chem checks, that I 3 can't say because I didn't do any of their training. 4 But we need to know that they are being 5 checked on every 30 minutes to make sure that they 6 are not symptomatic. 7 Q And that's a check on their well-being and 8 safety? 9 A Correct. 10 Q And did you contact a medical provider in 11 July of 2017 to put him on the 30-minute chemical 12 withdrawal? 13 A I did not. There was no reason for me to 14 contact the medical provider. 15 Q Because his scores on the withdrawal flow 16 sheet weren't greater than 10? 17 A And he was not concerning. 18 (Discussion held off the record.) 19 (Exhibit 24 was marked for identification.) 20 BY MS. BENNETT: 21 Q Showing you what has been marked as 22 Exhibit 24. Is this, again, a chemical withdrawal 23 questionnaire for James Lynas? 24 A Correct. 25 Q Filled out by you?</p>	<p style="text-align: right;">49</p> <p>1 benzos instead of the opioid? 2 A Okay. So on October -- let's see down 3 here. 4 Q There's no date. 5 A On July, he was positive for Oxy, opioids, 6 methamphetamine and amphetamine. 7 And on November he was positive for 8 methamphetamines, amphetamines, and benzos. 9 Q And then due to the chemical withdrawal 10 questionnaire, was a flow sheet initiated for James 11 Lynas? 12 A Correct. 13 (Exhibit 25 was marked for identification.) 14 BY MS. BENNETT: 15 Q Showing you what has been marked as 16 Exhibit 25. Is that the November flow sheet for 17 James Lynas? 18 A Correct. 19 Q And your writing appears on this sheet for 20 the 11/1/17 scoring. Is that right? 21 A Correct. 22 Q And can you walk us through the results of 23 your interaction with him regarding this sheet? 24 A Yes. When I met with him, again, we go 25 through all of the questions. You know, how -- how</p>

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<p style="text-align: right;">50</p> <p>1 are you sleeping, how are you eating.</p> <p>2 He denied to me any sleeping or eating</p> <p>3 disturbances. He reported having cold sweats or</p> <p>4 withdrawal symptoms, but denied any history of</p> <p>5 seizure.</p> <p>6 At that time he was oriented, times three.</p> <p>7 He had dry and natural-colored skin. No</p> <p>8 sweating noted. No tremor noted with hands or tongue</p> <p>9 extended.</p> <p>10 And then RN to see patient tomorrow.</p> <p>11 Q And that's just to continue the flow sheet?</p> <p>12 A To assess him. To check on him, see how</p> <p>13 he's doing. Yes.</p> <p>14 Q Was he put on a 30-minute chemical</p> <p>15 withdrawal?</p> <p>16 A Correct.</p> <p>17 Q And how -- do you know that from the sheet?</p> <p>18 A Because he was positive for those benzos,</p> <p>19 and he was positive for amphetamines and</p> <p>20 methamphetamines, then a 30-minute chem watch would</p> <p>21 be initiated.</p> <p>22 Q So his urine drug screening automatically</p> <p>23 would trigger that 30-minute --</p> <p>24 A For substances of that nature. Yes.</p> <p>25 Q And who was the medical provider that would</p>	<p style="text-align: right;">52</p> <p>1 (Exhibit 26 was marked for identification.)</p> <p>2 BY MS. BENNETT:</p> <p>3 Q And is Exhibit 26 the eMDs form for -- that</p> <p>4 was used by Sherburne County, MEnD in Sherburne</p> <p>5 County?</p> <p>6 A Correct. This is going to be our</p> <p>7 electronic charting.</p> <p>8 Q Does it look the same when it's printed out</p> <p>9 as it does on the screen?</p> <p>10 A Yeah.</p> <p>11 Q And then if you turn to Sherburne -- it's</p> <p>12 in the lower right -- oh. That's a different one.</p> <p>13 Okay. So it's a note from -- the encounter</p> <p>14 date is November 2nd, 2017.</p> <p>15 A November 2nd?</p> <p>16 Q Yes.</p> <p>17 A Okay. Okay.</p> <p>18 Q So it looks like you also had some</p> <p>19 interaction with James Lynas on the 2nd. Is that</p> <p>20 correct?</p> <p>21 A That is not correct. I saw him on the 1st,</p> <p>22 in the evening, at, looks like, 2300 hours, or 11:00</p> <p>23 at night.</p> <p>24 When I entered in his vitals, it was 1:00</p> <p>25 in the morning. So it had changed to the 2nd.</p>
<p style="text-align: right;">51</p> <p>1 have been contacted if you deemed it necessary to do?</p> <p>2 A That would have been Janell Hussein.</p> <p>3 Q Showing you what has been marked as</p> <p>4 Exhibit 20. There's three pages in that. But your</p> <p>5 writing appears on the first page of that exhibit.</p> <p>6 Right?</p> <p>7 A Correct.</p> <p>8 Q And that's a suicide risk screening form</p> <p>9 for James Lynas?</p> <p>10 A Correct.</p> <p>11 Q And why was this initiated for him at this</p> <p>12 time?</p> <p>13 A Because of his positive drug screen.</p> <p>14 Q And is that what the box checked "altered</p> <p>15 mental status" means?</p> <p>16 A Correct.</p> <p>17 Q And he reported to you feeling low or blue?</p> <p>18 A Yeah. He didn't report anything else to</p> <p>19 me. So just the "low and blue." Which I can see.</p> <p>20 You're in jail; most people aren't the happiest.</p> <p>21 Q As you sit here today, do you remember this</p> <p>22 November 1st, 2017, meeting that you had with Lynas?</p> <p>23 A I do not.</p> <p>24 Q You just know what you marked on the sheet?</p> <p>25 A Correct.</p>	<p style="text-align: right;">53</p> <p>1 Q Okay. So your shift just happened to roll</p> <p>2 into the 2nd, and that's when you did your charting</p> <p>3 for him?</p> <p>4 A Correct.</p> <p>5 Q And then why was it signed by you on the</p> <p>6 11th?</p> <p>7 A That is something that typically does not</p> <p>8 happen. That night I completed all of my paper</p> <p>9 charting. Signed it, completed all of my eMDs, my</p> <p>10 electronic charting. I can't say exactly why I</p> <p>11 didn't sign it that same day, but it was entered in</p> <p>12 that night, hours after I saw Lynas.</p> <p>13 Q And how do you know that?</p> <p>14 A That I put it in?</p> <p>15 Q Yes.</p> <p>16 A Because it shows the encounter date when it</p> <p>17 was started, as well as when I put in my vitals.</p> <p>18 Q So the encounter date isn't just something</p> <p>19 that you type in to describe which encounter you're</p> <p>20 going to be writing about. It's something that,</p> <p>21 actually, automatically transpires when you're</p> <p>22 initiating the eMD sheet for whatever note you're</p> <p>23 writing?</p> <p>24 A Correct. When you start a new note, it</p> <p>25 auto populates the date and time.</p>

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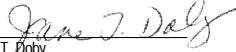

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<p style="text-align: right;">54</p> <p>1 Q Do you know why Dr. Leonard signed it on 2 November 13th? 3 A I don't know, exactly. I -- I know that he 4 can't sign off until I sign off or until the nurses 5 sign off. Then he is not able to sign off. 6 Q Do you know that both of you signed after 7 James Lynas had already died? 8 A I do. 9 Q Do you know if Michael Robertson ever saw 10 James Lynas? 11 A I guess, I -- I do not. No. I'm not sure. 12 Q Do you know if he ever assessed James 13 Lynas, even if it wasn't in a face-to-face meeting? 14 A I -- I don't know. No. 15 Q Have you reviewed any documentation that 16 Dr. Robertson drafted in regards to James Lynas? 17 A I have not. 18 Q Do you know if any exist? 19 A I -- I have -- do not. No. 20 Q Do you know why there would be three 21 different booking sheets for James Lynas regarding 22 his November 2017 stay at the jail? 23 A There was three different booking sheets 24 from November? Or during that month? 25 Q From his stay starting on November 1st.</p>	<p style="text-align: right;">56</p> <p>1 Q Yes. 2 A There is -- the bookers, what they do, they 3 do a medical screening, as well as a mental health 4 screening. 5 Q And they're different forms? 6 A They are two separate questionnaires. Yes. 7 Q Do they overlap in some ways? 8 A I guess, perhaps some questions could be 9 similar. But they -- one portion pertains to their 10 medical history; the other portion pertains to their 11 mental health history. 12 Q Did you ever discuss James Lynas with 13 Dr. Leonard? 14 A I do not believe so. I know I did not need 15 to contact him on these two dates because there was 16 no need to contact him. There was nothing 17 concerning. 18 Q Did you have any discussions with any MEnD 19 personnel regarding James Lynas after he died? 20 A I did not. 21 Q How is it that you came to know that James 22 Lynas committed suicide? 23 A Because everyone needs to make sure that 24 the employees that were there are okay. There's a 25 debriefing, you know, because it's a very sad event.</p>
<p style="text-align: right;">55</p> <p>1 A Typically, when you are released, and if 2 you do, unfortunately, come back, then you would be 3 rebooked in. I guess that would be the only reason 4 of what I would know. We don't handle the booking 5 sheets. 6 Q But you review them as part of the record 7 that's available to you when you're treating an 8 inmate? 9 A Correct. 10 Q You just don't know why there would be 11 different versions floating around? 12 A That, I don't know. Like I said, when they 13 leave and come back, then they are rebooked. 14 Therefore, a new booking sheet would be created. 15 But, I guess, I don't know. We don't handle the 16 booking sheets. 17 Q What if they never left and came back? 18 A Typically, not. But again, we don't handle 19 the booking sheets. We don't enter them. We don't 20 do anything with them except for review them when 21 they are completed. 22 Q And in regards to the booking that's 23 performed by the COs, is there a jail medical 24 screening form and then a CMS medical report? 25 A A CMS?</p>	<p style="text-align: right;">57</p> <p>1 So, by way of that I found out. But there were no 2 discussions about it. I was not there. 3 Q Who -- sorry. I didn't mean to interrupt 4 you. 5 A That's okay. 6 Q Who conducts that debriefing? 7 A You know what, I don't know. I've never 8 been to one. I've never had to. So I don't know. 9 That's for the people that were involved. 10 Q So you weren't at that debriefing? 11 A Correct. 12 Q So then how did you find out that he -- 13 A By way of word that gets sent, or said, 14 rather, that if anybody needs to talk about anything 15 or if they're having a hard time, to go to that 16 debriefing. But I did not need to go. 17 MS. BENNETT: Let's take just a five-minute 18 break. 19 VIDEOGRAPHER: Off the video record at 20 2:58 p.m. 21 (Recess taken.) 22 VIDEOGRAPHER: This is File 2. We're on 23 the record at 3:02 p.m. 24 BY MS. BENNETT: 25 Q Did you have any discussions with any</p>

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<p style="text-align: right;">58</p> <p>1 correctional officers regarding James Lynas and his 2 suicide? 3 A No. Not that I can recall. No. 4 Q Do you know any of the correctional 5 officers that are defendants in this case? 6 A I don't even know who they are. So, no. 7 Q Do you know how it is that Alyssa Pfeifer 8 left MENd? 9 A Why she left? 10 Q Yeah. 11 A I think she was just trying to go another 12 avenue. Why do people leave any job? They want to 13 try another avenue, I guess. 14 Q And what's your understanding as to how 15 James Lynas committed suicide? 16 A What's my understanding of it? 17 Q Yes. 18 A I guess, I -- I really, honestly, I don't 19 know. It's sad. It's tragic. It's very awful. But 20 I don't know what led up to it. I don't know -- I 21 don't know. 22 Q Do you know where it occurred? 23 A I think special housing. I'm not exactly 24 sure. 25 Q Do you know why he was in special housing?</p>	<p style="text-align: right;">60</p> <p>1 concluded at 3:04 p.m.) 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">59</p> <p>1 A I don't. 2 Q Can being in a single cell or special 3 housing be a concern for someone with mental health 4 issues? 5 MS. NEARING: Objection. Foundation and 6 lacking in specificity. 7 Go ahead. 8 A I guess it's good and bad. If you're a 9 threat to yourself, if you're -- you know, feel like 10 you're going to bring harm to yourself, then it's 11 best to have you be by yourself, to where you don't 12 have access to anything that you could bring harm to 13 yourself. Yes, that -- I mean, it would be hard for 14 anybody to -- to be by yourself. 15 However, if you are a threat to yourself, 16 or if you are very aggressive, if you're a threat to 17 others, the safety and security of the jail, that -- 18 that has to happen. 19 MS. BENNETT: I have no further questions. 20 MR. HIVELEY: No questions. 21 MS. NEARING: Nor do I. 22 So we'll read and sign. 23 VIDEOGRAPHER: This concludes the 24 deposition. It is 3:04 p.m. 25 (The video deposition of ANDREA KRETSCH was</p>	<p style="text-align: right;">61</p> <p>1 2 REPORTER'S CERTIFICATE 3 4 I, Jane T. Doby, Registered Merit Reporter, a 5 Notary Public in and for the County of Hennepin, 6 State of Minnesota, certify that the foregoing is 7 a true record of the testimony given by ANDREA KRETSCH, 8 who was first duly sworn by me, having been taken on 9 May 29, 2019, at Caribou Coffee, St. Cloud West, 4135 10 West Division Street, St. Cloud, Minnesota, in my 11 presence and reduced to writing in accordance with my 12 stenographic and computerized notes made at said time 13 and place; 14 15 I further certify that I am not a 16 relative or employee or attorney or counsel of any 17 of the parties or a relative or employee of such 18 attorney or counsel; 19 That I am not financially interested in 20 the action and have no contract with the parties, 21 attorneys, or persons with an interest in the 22 action that affects or has a substantial tendency 23 to affect my impartiality; 24 That the cost of the original has been 25 charged to the party who noticed the deposition, and that all parties who ordered copies have been charged at the same rate for such copies; That the witness DID request an opportunity to review the transcript. WITNESS MY HAND AND SEAL this 5th day of June, 2019.  Jane T. Doby Registered Merit Reporter Notary Public Hennepin County, Minnesota </p>

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Andrea Kretsch

5/29/2019

<p>1 ERRATA SHEET</p> <p>2 I, ANDREA KRETSCH, certify that I have read</p> <p>3 and examined the typewritten transcript of the</p> <p>4 deposition taken of me in the matter of David W. Lynas,</p> <p>5 Trustee for the next-of-kin of James C. Lynas vs. LINDA</p> <p>6 S. STANG, ET AL., on May 29, 2019, consisting of the</p> <p>7 preceding pages, and find the same to be true and</p> <p>8 correct.</p> <p>9 (Except as follows):</p> <p>10 Reason</p> <p>11 Page Line Correction for Change</p> <p>12 _____</p> <p>13 _____</p> <p>14 _____</p> <p>15 _____</p> <p>16 _____</p> <p>17 _____</p> <p>18 _____</p> <p>19 _____</p> <p>20 _____</p> <p>21 _____</p> <p>22</p> <p>23 Dated this _____ day of _____</p> <p>24 _____</p> <p>25 ANDREA KRETSCH</p>	62
<p>1 EXAMINATION INDEX</p> <p>2 By Ms. Bennett: 4-59</p> <p>3 -----</p> <p>4 EXHIBIT INDEX</p> <p>5 Exhibit 11: Hydroxyzine HCL 50 MG tab prescription</p> <p>6 (photo of blister pack)</p> <p>7 reviewed 38,41</p> <p>8 Exhibit 13: Email communications (various)</p> <p>9 reviewed 45</p> <p>10 Exhibit 20: Suicide Risk Screening forms</p> <p>11 reviewed 51</p> <p>12 Exhibit 21: Nursing Policy/Procedure: Suicide</p> <p>13 Prevention/Evaluation</p> <p>14 reviewed 36</p> <p>15 Exhibit 22: Flow Sheets - Chemical Withdrawal form,</p> <p>16 7/16/17</p> <p>17 reviewed 42,45</p> <p>18 Exhibit 23: Chemical Withdrawal Questionnaire, 7/17</p> <p>19 reviewed 44</p> <p>20 Exhibit 24: Chemical Withdrawal Questionnaire, 11/1/17</p> <p>21 reviewed 47</p> <p>22 Exhibit 25: Flow Sheet - Chemical Withdrawal form,</p> <p>23 11/1/17</p> <p>24 reviewed 49</p> <p>25 Exhibit 26: Electronic charting forms</p> <p>reviewed 52</p>	63

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